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8	UNITED STATES DISTRICT COURT JS
9	NORTHERN DISTRICT OF CALIFORNIA
10	Chiffond BAIR (1) 00 11209
11	Plaintiff Plaintiff Plaintiff PR
12	vs. PRISONER'S
13	APPLICATION TO PROCEED IN FORMA PAUPERIS
14	BOARD OF Phison HEARINGS Defendant.
15	7
16	I, (LIEFORD DAIR, declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1: Are you presently employed? Yes No
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net: 80. Afrox
7	Employer, PAISON TWDUSTON AUTHORITY (FIA.) OVI TRACT
28	(A (23500 FASSON MOAD) 75378 - 0400
II.	

1	If the answer is "no," state the date of last employment and the amount of the gross and net						
2	salary and wages per month which you received. (If you are imprisoned, specify the last						
3	place of employment prior to imprisonment.)						
4	SELF EAN PHOYED 24 YEARS AGO						
5							
6							
7	2. Have you received, within the past twelve (12) months, any money from any of the						
8	following sources:						
9	a. Business, Profession or Yes No X						
10	self employment						
11	b. Income from stocks, bonds, Yes No 🔀						
12	or royalties?						
13	c. Rent payments? Yes No Z						
14	d. Pensions, annuities, or Yes No						
15	life insurance payments?						
16	e. Federal or State welfare payments, Yes No X						
17	Social Security or other govern-						
18	ment source?						
19	If the answer is "yes" to any of the above, describe each source of money and state the amount						
20	received from each.						
21							
22							
23	3. Are you married? Yes No						
24	Spouse's Full Name: VALEDIE DELINDA DAIB						
25	Spouse's Place of Employment; DMV MOSEVILLE, CALIFORNIA						
26	Spouse's Monthly Salary, Wages or Income:						
27	Gross \$ 5,400. Affrox Net \$ \alpha, \tag{\text{Met \$}}						
28	4. a. List amount you contribute to your spouse's support:\$						

1	b. List the persons other than your spouse who are dependent upon you for						
2	support and indicate how much you contribute toward their support. (NOTE:						
3	For minor children, list only their initials and ages. DO NOT INCLUDE						
4	THEIR NAMES.).						
5	DONE						
6							
7	5. Do you own or are you buying a home? Yes No						
8	Estimated Market Value: \$ Amount of Mortgage: \$						
9	6. Do you own an automobile? Yes X No						
10	Make TOYOTA CAMBEY ear 2007 Model CAMBEY						
11	Is it financed? Yes No If so, Total due: \$ 19,000. Affinex						
12	Monthly Payment: \$ 36/00						
13	7. Do you have a bank account? Yes No (Do not include account numbers.)						
14	Name(s) and address(es) of bank:						
15							
16	Present balance(s): \$						
17	Do, you own any cash? Yes No X Amount: \$						
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated						
1,9	market value.) Yes No 🔀						
20							
21	8. What are your monthly expenses?						
22	Rent: \$Utilities:						
23	Food: \$ 70.00 Clothing: 10.00						
24	Charge Accounts:						
_25	Name of Account Monthly Payment Total Owed on This Acct.						
26	NONE SS						
27	<u> </u>						
28	\$\$						
l							

9. Do you have any other debts? (List current obligations, indicating amounts and to
whom they are payable. Do <u>not</u> include account numbers.)
DONE_
10. Does the complaint which you are seeking to file raise claims that have been present
in other lawsuits? Yes No \(\sum_{\text{\text{Y}}} \)
Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court
which they were filed.
I consent to prison officials withdrawing from my trust account and paying to the cou
the initial partial filing fee and all installment payments required by the court.
I declare under the penalty of perjury that the foregoing is true and correct and
understand that a false statement herein may result in the dismissal of my claims.
2/20/2008 Off Bur
DATE STGNATURE OF APPLICANT

28

1	
2	Case Number: 5/58879
3.	
4	
. 5	
6	
7	
8	CERTIFICATE OF FUNDS
9	IN
10	PRISONER'S ACCOUNT
11	
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account
13	statement showing transactions of CLIFFORD BAIR for the last six months
14	DOI THACY CALIFOSNIA [prisoner name] where (1) he is confined.
15	[name of institution] I further certify that the average deposits each month to this prisoner's account for the
16	most recent 6-month period were \$ = = and the average balance in the prisoner's
17	account each month for the most recent 6-month period was \$884, 59.
18	
19	Dated: 2/25/08
20	[Authorized officer of the institution]
21	
22	
23	
24	
25	
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PIEGE NO:

CALIFORNIA BEPARTMENT OF COGNECTIONS
DEUCL VOCATIONAL INSTERVION
THMATE TRUST ACCOUNTING SYSTEM
INNATE TRUST HOCOURT SINTEMENT

FOR THE PIRIOD BUG 21 2007 THRE FEB. 25, 2000

ACCOUNT KUNBER : 095077

67387 /

SECRETAL MUNSER WET30000000000460

ACCOUNT NAME : BAIR, CLIFFORD LIF

ACCOUNT TYPE: 3

PRIVILEGE GROUP: A

TRUST ACCOUNT METERITY

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DATE CODE DESCRIPTION COMMENT CHECK HUM DIFFESTS WITHDRAWALS BALANCE

08/21/2007 3EETWHING B	ALANCE				821 51
08/31 W502 POSTAGE CHARG	POSTAG1377			3 99	819.82
09/07 0550 INHATE PAYROL		1 (11 94		921.76
09/19 HS02 PUSTAGE CHARG	P0ST/1828			4.60	917.16
09/24 FCO2 DRAW-FAC 2	ML/701908			100.00	817.16
10/02*W512 LEGAL POSTAGE	POSTGE2082			5 70	811.46
10/04 9550 IMHATE PAYROL	P18/702174	7	8.08		884 24
10/10 W502 PUSTAGE CHARG	POST702275			1.14	888.40
10/10 W502 POSTAGE CHARG	P0\$1702275			4.60	883.80
16/22 FCG2 DRAW-FAC 2	ñL/702541			81.20	800.00
11/05 0550 IRMATE PAYROL		19	3.50		893,60
11/06 0300 CHSH DEPOSIT	KR/702851	5 <u>(</u>	C 00		993.60
11/07 M512 LEGAL FOSTAGE	P05T862094			4.60	989.00
11/13 FCO2 DRAW-FAC 2	HL/702993			1 10 , 90	859.00
11/21 NS36 COPAY CHARGE				5 (4)	854.00
12/03 HS02 POSTAGE CHARG	POST703390			5.70	8 48) 30
12/06 D550 IMMATE PAVROL		7	6 00		929. 53
12/17*F002 DRAW-FAC 2	8L7 0 3724			чо. 37	878.56
12/24 0300 CASH BEPUBLI	MR/703895	=	\$. VD		928.56
ACTIVITY FOR 2008					
01/03 4536 COPAV CHARGE				5.00	923.56
01/04 0550 THWATE POYROL		*3	ē.70		992.26
01/08 MA23 DONATION WARD				17 00	975.26
01711 4700 THE SP SUICHA				5 30	969 96
01/11 W415 CASH WITHDRAW		197939121		77.15	896.70
01/16 WS14 VISION CARE C				81.50	815.20
01/22 FCO2 DRAW-FAC 2	KAIN704420			15.20	8 0 0.00
02/05 D550 INHATE PAYROL		5	0.05		850.0 5
02/19 FC02 DRAW-FAC 2	HL/705062			45,05	805.00

CURRENT HOLDS IN EFFECT

UATE	HOLD			
PLACED	COBE	DESCRIPTION	COMMENT	HULD HADOMI
		医多甲基甲基甲基二甲基甲基乙烷 医维斯特迪氏 医埃里斯斯埃尔氏征		to see the second second
10/12/2006	H200	GENERAL HOLD	TAR/401750	300,00
02/01/2008	4114	COPAY TIE, NEW.	7548647652	5.00

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST: 2/2/8/8
CALIFORNIA DEPARTMENT OF CORRECTIONS

TRUST OFFICE

REPORT 10: 153030

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PHOE NO

CALIFORNIA PEPARINENT A CORFECTIONS DEDEL VOCATIONAL THOUTHER DON INTALE TRUST SCHOOL STELLERENT

FOR THE PERIOD: MUN DEL 2007 THRU (EB. 05, 2009)

ACCT: 095079

ACCT NAME: BRID, CLITTOPE ---

RUCT TUPE: 1

TRUST ACCOUNT CHAMP



THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.

ATTEST: '2/25/08

CALIFORNIA DEPARTMENT OF CORRECTIONS

TRUST OFFICE

Beginning	TOTAL	TOTAL	(17/2028)	HOLDS	TRANSACTIONS
Balanci	DEPOSITS	MITHOGRAPALS	(18) 44(3	Balanci	TO BE POSTED
821.81	619.00	635.81	805-00	905 00	0.00

CURRENT AVAILABLE BALANCE 0.00

Staff member signature

DVI Library #09

NAME:	NUMBER:_	14121				
HOUSING:	DATE Sent:	2 36 g				
Certified co	opy of Inmate's Trust Ac	count				
You requested a certified copy of your Trust Account. It is now available. You have three days to prepare your legal paperwork for mailing to the court. You are responsible for making all arrangements to receive your copy of your Certified Trust Account.						
Be prepared to:						
 Inspect the Certified Trust at 2. Request the Law Library for 3. Bring all your completed leg 4. Bring an addressed envelop (Be sure that your lega 5. Fill out a Trust Withdrawal if you have it. If you wish a copy of your Control of Your and Annual if you are an R.C., S.P.U., or an Annual if you a	r service with this matter. gal work with you for mailing e for mailing to the court. al work fits into the envelope form for postage. You may u Certified Trust Account reque	g to the court. s) use your own postage est a copy to be made.				
Sign your name Bring your pink copy of this no		2/27/0 Date of Service				
The original, (white copy) will The (yellow copy) is proof of s						
*if you require a check to be make that request through		ourt fees you will				
Note: it is your responsibility	to be prepared to meet you	ur court deadline.				